

Authorization for Release of Information

Parties: Orlando Counseling Services, LLC, located at 1817 Crescent Boulevard, Suite 102, Orlando, FL 32817, hereinafter referred to as “OCS”, and

Name of Client (please print)

Date of birth

Social Security Number

Client understands and agrees that, under Florida law (F.S. 456.057)

- information communicated, gathered, captured or otherwise created by OCS or any of its employees, contractors, agents or assigns, during the course of therapy sessions, phone conversations, e-mails, text messages or other types of communication, regardless of the format in which it was created and / or stored, is considered a record; and
- the owner of such record is OCS; and
- disclosure of such record requires each client's written consent for the release of confidential information related to mental health or developmental disability.

With this understanding, I hereby waive any right to confidentiality arising under Florida law and authorize the release of records of information, but only the extent specified below.

I authorize OCS to release and/or receive the following information concerning myself or my child:

Initial	Description	Initial	Description
	Diagnostic Evaluation Results		Educational Records
	Progress notes		Treatment Plan
	Treatment Summary		Discharge Reports
	Any and All Records		Other

The above information is only to be released to, and/or from, the following party:

(Print name of company or individual to whom records will be released)

(Print mailing address, city, state, zip)

This information is to be used for the purpose of _____.

This authorization shall remain in effect until revoked in writing by Client. Upon revocation, no further release of information shall be made unless Client provides additional written consent to disclose.

I understand that I can revoke this authorization at any time by giving written notice to OCS. I also understand that I have the right to request a copy of all records related to my treatment by OCS and any of its employees, contractors, agents or assigns.

I hereby release the OCS and any of its employees, contractors, agents or assigns from any liabilities for release of this information.

Signature of Client

Date